

Pain Control Center
Department of Anesthesiology

May 23, 2001

Kimberly Topper
Center for Drug Evaluation and Research(HFD-1)
Food and Drug Administration
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Rockville, MD 20857
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Dear Kim,

Recently I was informed that there will be an Advisory Panel Meeting of the FDA to discuss the use of opioid analgesics for the treatment of chronic non-cancer pain and pain in the pediatric population. I would like to express my own viewpoint in support of the use of opioids in chronic non-malignant pain.

In our tertiary care clinic, we are taking care of many unfortunate patients who have chronic unremitting pain for a variety of reasons which has been intractable to standard surgical and pharmaceutical non-opioid therapy. A substantial fraction of these patients have done very well on chronic opioid therapy. Other than opioids, there is little further to offer these patients except for further surgery which has little chance of helping or expensive interventional procedures such as intrathecal infusion systems or spinal cord stimulation. While we usually discuss all options with our patients, many prefer not to have further surgery or interventional pain management. We respect their wishes, monitor their care and when an opioid trial has been effective, maintain them on an opioid medication. I have seen many patients and their families attest to the effectiveness of this class of medication in alleviating pain and improving function.

There has been some negative publicity lately regarding the use of certain opioids by criminals posing as patients who have duped their physician into prescribing these medications under the pretense of moderate to severe pain. There is no doubt that this can and does happen. However, for the vast majority of my patients, the pain is quite real as is the impact it has on the patient's quality of life.

It is my hope that the committee examining this issue chooses to rule in favor of the patient's right to pain relief when it is obtainable. To make policy on the basis of isolated

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cases of abuse would be to punish many for the sins of a few. To stop using opioids to relieve pain when they are effective, regardless of whether the pain is of "benign" or malignant origin would be a huge injustice to our patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'William F. Spillane', with a stylized, flowing script.

William F. Spillane, M.D.
Director, Pain Control Center
Director, Pain Fellowship Program